

## **Exhibit C**

## Case 10-04993-LT13 Claim 6-1 Filed 05/05/10 Desc Main Document Pg. 1 of 34

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF CALIFORNIA		PROOF OF CLAIM	
Name of Debtor: <b>BARBARA J. DUNNE</b>	Case Number: <b>10-04993-LT-13</b>		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense must be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>DEUTSCHE BANK NATIONAL TRUST COMPANY, AS TRUSTEE OF THE INDYMAC INDY MORTGAGE LOAN TRUST 2005-AR2, MORTGAGE PASS-THROUGH CERTIFICATES</b>	1 Check this box to indicate that this claim amends a previously filed claim Court Claim Number: <i>(Blank)</i>		
Name and address where notices should be sent: <b>ONTWIST BANK, FSB 888 L. WALNUT STREET PASADENA, CA 91101 Telephone number:</b>	2 Filed on _____		
Name and address where payment should be sent (if different from above): <b>ONTWIST BANK, FSB CASH PROCESSING 6900 BEAVERICE DR KALAMAZOO, MI 49009 Telephone number:</b>	3 Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars		
4. Amount of Claim as of Date Case Fileds <b>\$370,099.74</b>	4 Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges		
5. If all or part of your claim is secured, complete item 5a; however, if all of your claim is unsecured, do not complete item 5a. If all or part of your claim is entitled to priority, complete item 5b.	5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim.		
5a. Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.	5b. Domestic support obligations under 11 U.S.C. §527(a)(1)(A) or (B)(1)(B)		
6. Basis for Claim: <input checked="" type="checkbox"/> Mortgage Note (See instruction #2 on reverse side)	6. Wages, salaries, or commissions (up to \$1000/day) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, with respect to either - 11 U.S.C. §507(a)(3)		
7. Last four digits of my number by which creditor identifies debtor: <b>3980852</b>	7. Debtor may have scheduled account as _____ (See instruction #3 on reverse side)		
8. Secured Claim: (See instruction #3 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.	8. Contribution to an employer benefit plan - 11 U.S.C. §507(a)(2)		
Name of property or right of setoff: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Debtor:	9. Up to \$1,250* of a profit toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(5)		
Value of Property: <b>\$</b> Annual Interest Rate: <b>5.25%</b>	10. Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(3)		
Amount of acreage and other charges as of time case filed included in secured claim, if any: <b>3.12-57.07</b>	11. Other - Specify applicable paragraph of 11 U.S.C. §507(a)(3). Amount entitled to priority: <b>\$</b>		
Amount of Secured Claim: <b>\$370,099.74</b>	*Amounts are subject to adjustment on 10/01/03 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credit: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.			
7. Documents: Attach relevant copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, bank statements or bank accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. (See instruction #4 on reverse side.) "Redacted" on reverse side.)			
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.			
If the documents are not scannable, please explain:			
Date: <b>05/05/2010</b>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.		
<b>DARLENE C. YIGI</b> <b>DARLENE C. YIGI</b> <b>HARRETT BARNES FRAPPINE, TREIDER &amp; WEISS, LLP</b> Attorneys for Secured Creditor 2095 PALOMINER ROAD SUITE 300 DIAMOND BAR, CA 91765 (909) 953-5714			FOR COURT USE ONLY

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